

CITY OF DELTONA  
PLANNING AND DEVELOPMENT SERVICES  
COMMUNITY DEVELOPMENT  
2345 Providence Boulevard, Deltona, FL 32725  
Telephone: (386) 878-8620  
[WWW.DELTONAFL.GOV](http://WWW.DELTONAFL.GOV)

# RESIDENTIAL CONSTRUCTION MITIGATION PROGRAM



## 2016 APPLICATION FUNDING CYCLE

- ✂ This program is operated on a first come, first completed, and first served basis.
- ✂ It takes approximately 30 days to process your application. A Housing Representative will contact you by mail, email or phone if additional information or further verification is needed.
- ✂ Incomplete applications will delay the review process. All pages of the application must be submitted.
- ✂ Call and schedule an appointment for file review when the application is completed and all required documents gathered.
- ✂ NO FAXED OR EMAILED COPIES.
- ✂ Phone calls will be returned in the order received on the following business day.

THANK YOU FOR THE OPPORTUNITY TO SERVE YOU!

## **READ CAREFULLY**

### **REQUIRED DOCUMENTATION FOR APPLICATION SUBMITAL**

Here you will find a list of required documents to be submitted for anyone who will be residing in the home. This check off list is provided so you may gather and copy the documents to submit and participate in the program.

[Photo Copies Only – Originals cannot be returned]

[Applicant must be a U.S. Citizen or possess a Resident Alien Card]

#### **A. HOUSEHOLD IDENTIFICATION (ALL HOUSEHOLD MEMBERS) (Photo Copies Only)**

- ☐ **Current Florida Driver's License or Florida Identification Card:** All household members 18 years of age and older.
- ☐ **Social Security Card:** All household members.
- ☐ **Birth Certificate:** All household members under 18 years of age.

#### **B. PROOF OF INCOME/ASSETS- (ALL HOUSEHOLD MEMBERS, if applicable):**

- ☐ **Employment:** Complete requested Employment Information in application. Processing will contact Employer **for verification. This section MUST be completed or the application will be returned to you.**
- ☐ **Pay-stub:** Submit a copy of most recent paystubs in the last 60 days.
- ☐ **Tax Returns:** Submit copy of previous (2) two years Federal Income Tax Returns, including all schedules, and W-2's and/or 1099's.
- ☐ **Self-employed:** Submit a copy of the previous (3) three year's Federal Income Tax Returns, including Schedule C of the Federal Income Tax Return "Profit and Loss from Business".
- ☐ **Benefits & Other Source(s) if Income:** Copy of benefit letter verifying proof of social security, Pension/Retirement Benefits, IRAs, 401(k)s, annuities, death benefits, and/or insurance policies and a copy of most recent check or deposit. Copy of bank statement reflecting deposit will suffice for proof of most recent deposit.
- ☐ **Unemployed:** Provide proof of unemployment or disability payments or submit the original letter stating that the household member is unemployed and does not receive unemployment or any other benefits.
- ☐ **Checking and/or Savings:** Copy of Bank or Credit Union statements for **ALL** Checking and /or Savings account(s) for the most recent 6 months month. **ALL** pages, front and back. [Within 30 days].
- ☐ **Gifts:** Submit a statement of all periodic allowances of gifts from persons not living in your household. (See addendums for form).
- ☐ **Proof of the Value of Equity:** For all properties owned by the applicant(s).
- ☐ **Rental Real Estate:** If you have rental real estate, a copy of Schedule E of your Federal Income Tax Return, "Supplemental Income and Loss".
- ☐ **Other Sources of Income:** Documentation of **ANY** other sources of income and/or assets. Including any public
- ☐ **Proof of Alimony:** Payments or a court order that you are not receiving payments (submit copies only).
- ☐ **Proof of child support:** A court order stating that you are, or are not, receiving payment (submit copies only).
- ☐ **Proof of ownership of the property:** Copy of Deed.
- ☐ **Proof of homeowners insurance:** Copy of declarations page.
- ☐ **Proof of property taxes to date:** Copy of tax receipt.
- ☐ **Proof mortgage is current:** Copy of most recent mortgage statement.
- ☐ **Verification of Student Status:** To be completed for **each** household member enrolled in grade school and or college. This form must be completed by a School Official.

**Date Stamp**  
(City of Deltona Use Only)

**Income Category**\_\_\_\_\_

**HOUSEHOLD DATA**

**How did you hear about the program?:**\_\_\_\_\_

**Total number of household members:**\_\_\_\_\_ **Total Household Annual Gross Income: \$**\_\_\_\_\_

**APPLICANT INFORMATION (Head of Household):**

**Applicant Name:**\_\_\_\_\_ **Date of Birth:**\_\_\_\_\_ **Age:**\_\_\_\_\_

Married \_\_\_\_\_ Widowed \_\_\_\_\_ Single \_\_\_\_\_ Divorced \_\_\_\_\_ Race \_\_\_\_\_

**ADDRESS INFORMATION:**\_\_\_\_\_ **Gross Annual Income: \$**\_\_\_\_\_

**Current Address:**\_\_\_\_\_ **City:**\_\_\_\_\_ **State:**\_\_\_\_\_ **Zip:**\_\_\_\_\_

**Mailing Address:**\_\_\_\_\_ **City:**\_\_\_\_\_ **State:**\_\_\_\_\_ **Zip:**\_\_\_\_\_

**Telephone No. (Home)**\_\_\_\_\_ **(Message Phone)**\_\_\_\_\_

**EMPLOYMENT INFORMATION:**

**Employed By:**\_\_\_\_\_ **Employer Phone #:**\_\_\_\_\_

**Your Position/Title:**\_\_\_\_\_ **Fax #:**\_\_\_\_\_

**Employer Address:**\_\_\_\_\_ **Date Employed:**\_\_\_\_\_

**Supervisors Name:**\_\_\_\_\_ **Title:**\_\_\_\_\_

**Co-Applicant Name:**\_\_\_\_\_ **Date of Birth:**\_\_\_\_\_ **Age:**\_\_\_\_\_

Married \_\_\_\_\_ Widowed \_\_\_\_\_ Single \_\_\_\_\_ Divorced \_\_\_\_\_ Race \_\_\_\_\_

**ADDRESS INFORMATION:**\_\_\_\_\_ **Gross Annual Income: \$**\_\_\_\_\_

**Current Address:**\_\_\_\_\_ **City:**\_\_\_\_\_ **State:**\_\_\_\_\_ **Zip:**\_\_\_\_\_

**Mailing Address:**\_\_\_\_\_ **City:**\_\_\_\_\_ **State:**\_\_\_\_\_ **Zip:**\_\_\_\_\_

**Telephone No. (Home)**\_\_\_\_\_ **(Message Phone)**\_\_\_\_\_

**EMPLOYMENT INFORMATION:**

**Employed By:**\_\_\_\_\_ **Employer Phone #:**\_\_\_\_\_

**Your Position/Title:**\_\_\_\_\_ **Fax #:**\_\_\_\_\_

**Employer Address:**\_\_\_\_\_ **Date Employed:**\_\_\_\_\_

**Supervisors Name:**\_\_\_\_\_ **Title:**\_\_\_\_\_

Please provide your email on the space below so that we may send you periodic updates, Thank you.

**EMAIL ADDRESS:**\_\_\_\_\_

Warning: Florida Statue 817 provides that willful false statements or misrepresentations concerning income, asset, or liability information relating to financial condition is a misdemeanor of the first degree, punishable by fines and imprisonment provided under Statues 775.082 or 775.83.

**OTHER ADULT HOUSEHOLD MEMBERS:**

Name:	Employer Name:
Position:	Supervisor:
Address/Phone:	Time Employed:
Pay Rate:	Pay Frequency:
Annual Income (gross salary, overtime, tips, bonuses, etc.): \$	

Name:	Employer Name:
Position:	Supervisor:
Address/Phone:	Time Employed:
Pay Rate:	Pay Frequency:
Annual Income (gross salary, overtime, tips, bonuses, etc.): \$	

**OTHER HOUSEHOLD MEMBERS UNDER THE AGE OF 18:**

List all minors who will reside in the home and provide proof of their income, assets and identification.

Legal Name	Birth Date	Age	Relationship to Applicant	Gross Income	Married (M) Widowed (W) Single (S) Divorced (D)

Other Sources of Income (For ALL Household Members including minors, List Business or Rental Net Income, Child Support, Alimony, Social Security, Pensions, Unemployment or Workers Compensation, Welfare Payments, etc.)

Legal Name	Type of Income	Gross Annual Amount

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## **ASSET ADDENDUM TO APPLICATION**

***(Must be completed for All persons, including Minors, who will occupy Assisted Housing)***

In order to properly qualify an applicant for assistance, the following asset information for **all persons, including minors, who will occupy the assisted housing**, must be obtained. This information will be used for qualification purposes only.

**Assets include, but are not limited to:**

Cash held in savings and/or checking accounts, trust funds, equity in real estate and other capital investment, stocks, bonds, Treasury bills, certificates of deposit, money market funds, IRA accounts, Retirement and pension funds, lump sum receipts (i.e. lottery winnings, insurance settlements, etc.), and personal property held as an investment (i.e. gem or coin collections, paintings, antique cars, etc.).

**(Do not include necessary property such as clothing, furniture, cars, wedding bands, etc.)**

**List ALL Assets and Asset Income for ALL Household Members, Including Minors, (List Checking, Savings Accounts, IRA, CD, Bonds, Stocks, and Equity in Properties, etc.)**

Type of Asset	Asset Value	Bank/Account Numbers	Annual Asset Income

Total \$ \_\_\_\_\_

Total \$ \_\_\_\_\_

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## **VERIFICATION OF ASSETS DISPOSED**

I/We certify that during the two-year (24 months) period preceding the effective date of my certification or re-certification of eligibility for program participation, I/We \_\_\_\_\_ have \_\_\_\_\_ or have not disposed of more than \$1,000 asset(s) for less than fair market value.

**If asset(s) were disposed of for less than fair market value, describe:**

Asset	Amount	Date of Disposition
1)		
2)		
3)		
4)		
5)		

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**HISTORY/LIABILITIES**

**Have you or your co-applicant (check all that apply):**

- ☐ Had an outstanding judgment in the last 7 years?
- ☐ Had an auto/truck repossessed?
- ☐ Declared bankruptcy in the last 10 years?
- ☐ Had property foreclosed?
- ☐ Owned a site built home, condo or mobile home in the past 3 years?
- ☐ Received assistance from the SHIP Program.

**List ALL Liabilities, Credit Card Debt, Auto, Real Estate, Student Loans and Mortgage Loans, etc.  
(For ALL Household Members 18 and Over)**

Type of Credit/Loan	Creditors Name	Balance Owed	Monthly Payment

**Total Annual \$**\_\_\_\_\_

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**AUTHORIZATION FOR THE RELEASE OF INFORMATION**

I/We \_\_\_\_\_, the undersigned, hereby authorize all applicable institutions to release, without liability, information regarding employment, income, and/or assets to the City of Deltona for the purposes of verifying information provided as part of determining eligibility for assistance for RCMP.

**Types of information to be verified:**

I understand that previous or current information regarding me may be required. Verification that may be requested are, but not limited to: personal identity, employment history, hours worked, salary and payment frequency, commissions, raises, bonuses, and tips; cash held in checking/savings accounts, stocks, bonds, certificate of deposits (CD), Individual Retirement Accounts (IRA), interest, dividends, etc.; payments from Social Security, annuities, insurance policies, retirement funds, pensions, disability or death benefits; unemployment, disability, and/or worker’s compensation, welfare assistance; net income from the operations of a business; and alimony or child support payments, etc.

**Organizations/Individuals that may be asked to provide written/oral verification are, but not limited to:**

- Past/Present Employers
- Banks, Financial, or Retirement Institutions
- State Unemployment Agency
- Welfare Agency
- Alimony/Child/Other Support Providers
- Social Security Administration
- Veteran’s Administration
- Credit Report
- Other: \_\_\_\_\_

**Agreement to Conditions:**

I agree that a photocopy of this authorization may be used for the purposes stated above. I understand that I have the right to review this file and correct any information found to be incorrect.

	<u>Initial here</u>	<u>Initial here</u>
Applicant Signature	Print Name	Date
Co-Applicant Signature	Print Name	Date
Adult Member	Print Name	Date
Adult Member	Print Name	Date

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## **VERIFICATION OF STUDENT STATUS**

### **TOP PORTION TO BE COMPLETED BY APPLICANT**

**APPLICANT:** Please complete the top portion of this form for each household child enrolled in grade school and/or each household member enrolled in college and have it completed by a School Official.

**Please complete the (applicable) sections below:**

NAME OF APPLICANT: \_\_\_\_\_

NAME OF STUDENT: \_\_\_\_\_ Social Security No: \_\_\_\_\_

ADDRESS OF STUDENT: \_\_\_\_\_

I hereby authorize the release of the information requested below.

\_\_\_\_\_  
Signature of Applicant/ Student (if over the age of 18)

\_\_\_\_\_  
Date

### **TO BE COMPLETED BY SCHOOL OFFICIAL**

We are required by State and/or Federal regulations to verify employment history and income information for the applicant in order to determine their eligibility for program assistance. Your cooperation in providing the requested information below is most appreciated. You may mail or fax it to the City of Deltona at (386) 878-8601.

#### **Authorization:**

An “**Authorization for the Release of Information**” form has been signed by the applicant who indicates they are in agreement with the release of information requested for the sole purpose of determining eligibility for program assistance.

Student’s Home Address: \_\_\_\_\_

Parent/Guardian responsible for student: \_\_\_\_\_

Date of Enrollment \_\_\_\_\_ Full Time \_\_\_\_\_ Part Time \_\_\_\_\_

#### **This is to certify that the above listed student is enrolled at this school.**

Name of Educational Institution: \_\_\_\_\_

Address of Educational Institution: \_\_\_\_\_

Signature \_\_\_\_\_ Title: \_\_\_\_\_

Date: \_\_\_\_\_ Telephone: \_\_\_\_\_

WARNING: Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentations to any Department or Agency of the United States Government as to any matter within its jurisdiction.



### THIRD-PARTY VERIFICATION OF EMPLOYMENT

**APPLICANT:** Please have employer complete and forward to Community Development Staff.

We are required by State and/or Federal Regulations to verify employment history and income information for the applicant in order to determine their eligibility for program assistance. Your cooperation in providing the below requested information is most appreciated.

**Authorization:**

An "Authorization for the Release of Information" form has been signed by the applicant who indicates they are in agreement with the release of information requested for the sole purpose of determining eligibility for program assistance.

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**TO BE COMPLETED BY EMPLOYER:** Please complete and return by fax or email to;

[dbrooke@deltonafl.gov](mailto:dbrooke@deltonafl.gov) or [abriggs@deltonafl.gov](mailto:abriggs@deltonafl.gov)

FAX - (386) 878-8601

City of Deltona Community Development

2345 Providence Blvd, Deltona, FL 32725

Complete the (applicable) sections below:

Name of Applicant: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Company Name: \_\_\_\_\_

Position: \_\_\_\_\_ Employment Start Date: \_\_\_\_\_

Base Pay Rate: \_\_\_\_\_ Average Hours/Week: \_\_\_\_\_ ☐ Weekly ☐ Bi- Weekly ☐ Monthly

Overtime Pay Rate: \_\_\_\_\_ Average Overtime Hours/Week: \_\_\_\_\_

Total Annual Base Pay Earning: \$ \_\_\_\_\_ Total Annual Overtime Pay Earnings: \$ \_\_\_\_\_

Amount and Frequency of Other Compensation (bonuses, raise, commission, tips): \$ \_\_\_\_\_

Vacation Pay ☐ YES ☐ NO If yes, number of days \_\_\_\_\_

Retirement Account ☐ YES ☐ NO Amount Accessible to Employee: \$ \_\_\_\_\_

Date of Next Pay Increase: \_\_\_\_\_ Anticipated Pay Increase Amount: \$ \_\_\_\_\_

Total Gross Annual Income (including other compensation for the next 12 months): \$ \_\_\_\_\_

\_\_\_\_\_  
Signature of Authorized Representative or Employer

\_\_\_\_\_  
Title

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Telephone

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